



Executive Office of Health and Human Services

Department of Children, Youth & Families • Department of Elderly Affairs • Department of Health •
Department of Human Services • Department of Mental Health, Retardation, & Hospitals

Waivers Requested under Rhode Island's Global Compact Waiver

In the Global Consumer Choice Compact Waiver (Global Waiver) demonstration, Rhode Island proposes to make the following **policy or expenditure changes under the Medicaid program**, for which the state will request a waiver of these federal requirements. Many proposed changes hinge on the flexibility to target services to certain populations.

Proposed policy or expenditure changes	Waiver requested
Implement selective contracting with health care providers	State-wideness/Uniformity 1902(a)(1) Freedom of Choice 1902(a)(23)
Maintain waiting lists for optional Medicaid services and populations if necessary	State-wideness/Uniformity 1902(a)(1) Reasonable Promptness 1902(a)(8)
Allow phase-in of program innovations	State-wideness/Uniformity 1902(a)(1)
Require applicants for long-term care services to complete a targeted assessment	Reasonable Promptness 1902(a)(8)
Provide nursing facility and home and community-based services based on need	Comparability 1902(a)(10)(B)
Provide services to certain populations that would not otherwise be available under the State Plan	Comparability 1902(a)(10)(B)
Limit the amount, duration, and scope of services based for certain populations	Comparability 1902(a)(10)(B)
Tailor benefit plans for higher income groups with a higher deductible plan (e.g., Health Opportunity Account).	Comparability 1902(a)(10)(B)
Allow individuals who choose home and community based care to maintain more income and resources	Income and Resource Rules 1902(a)(10)(C)(i)
Allow individuals to receive incentives from state in Healthy Choice Accounts	Income and Resource Rules 1902(a)(10)(C)(i)
Apply Medicaid income and resource rules to individuals in the community who are seeking Skilled Nursing Facility care	Income and Resource Rules 1902(a)(10)(C)(i)
Expand cost sharing requirements for beneficiaries in certain populations	Cost Sharing 1902(a)(14) insofar as it incorporates Section 1916
Mandate enrollment in an integrated system of care option	Freedom of Choice 1902(a)(23)



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Permit payments to be made directly to beneficiaries or their representatives	Direct Payments to Providers 1902(a)(32)
Allow consumers to contract directly with providers	Provider Agreements 1902(a)(27)
Allow individual beneficiaries to make payments to their caregivers/providers without prepayment review	Payment Review 1902(a)(37)(B)
Waive the requirement that Medicaid be provided for only three months prior to the month in which an application for assistance is made	Retroactive Eligibility 1902(a)(34)
Allow payments for a broad range of care management services	If federal case management regulations that are contrary to Rhode Island's policy goals for care management go into effect.
Allow payments for services for the following populations: <ul style="list-style-type: none"> • Parents Who Are Pursuing Behavioral Health Treatment And Who Have Children Temporarily in State Custody • Children Who Would Otherwise be Voluntarily Placed in State Custody • Elders at Risk for Long-term Care and In Need of home and community-based service. 	Eligibility and expenditure rules